



Hospital Fiscal Report  
State Form 49520 (R2 /7-02)  
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: SELECT SPECIALTY HOSPITAL (EVANSVILLE)

City of Hospital: Evansville

Year Begin: 01/01/2021 (mm/dd/yyyy format)

Year End: 12/31/2021 (mm/dd/yyyy format)

Person Completing the Report: Elizabeth Loyack

Email Address: eloyack@selectmedical.com

Medicare Provider Number: 152014

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$12827317
Outpatient Patient Service Revenue	\$0
Total Gross Patient Service Revenue	\$12827317

2. Deductions From Revenue

Contractual Allowance	\$99762570
Other Deductions	\$196408
Total Deductions	\$99958978

3. Total Operating Revenue

Net Patient Service Revenue	\$28314193
Other Operating Revenue	\$2536079
Total Operating Revenue	\$30850272

4. Operating Expenses

Salaries and Wages	\$15182881	Employee Benefits	\$1795375
Depreciation and Amortization	\$676922	Interest Expense	\$840
Bad Debt	\$0	Other Expenses	\$13096908
Total Operating Expenses	\$30752926		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$97346	Total Assets	\$7876225
Net Non-operating Gains over Loss	\$-206201	Total Liabilities	\$1764750
Total Net Gains	\$-108855		

#### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$59200054	\$46369477	\$12830577
Medicaid	\$15703810	\$12895092	\$2808718
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$53369307	\$40694409	\$12674898
Total	\$128273171	\$99958978	\$28314193

#### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$0
--------------------------	-----

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		

Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

Statement Seven: Subsidized Health Services for the Community
---

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

//